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Two Possible Cases of SARS in Utah

UDOH Employee Message:

Severe Acute Respiratory Syndrome: Two possible Utah cases identified Utah Public Health Officials stress that State is prepared

Utah public health officials have identified two possible Utah cases of Severe Acute Respiratory Syndrome (SARS), a respiratory illness that recently appeared in people living in or traveling to certain parts of Asia. Utah specimens have been sent to the Centers for Disease Control and Prevention (CDC) for testing.

Both Utah individuals have traveled to affected Asian countries and are not related to each other. One individual has recovered and the other's illness does not appear life threatening. Both of the suspect cases meet the CDC's SARS criteria, having traveled through certain parts of Asia in the 10 days prior to illness. Close contacts to the cases and medical staff who have cared for the two individuals do not show any SARS symptoms. The names, ages, locations and other identifying information of the persons involved cannot be released to the public as a matter of patient confidentiality.

"Respiratory illnesses are very common at this time of year," said Gerrie Dowdle, Utah Department of Health (UDOH) Epidemiologist. "Symptoms alone should not be a cause of heightened concern. The association of those symptoms with recent travel to affected countries is what alerts us to the possibility of SARS," she said. The CDC's Director, Dr. Julie Gerberding, has stated that "we don't want people who haven't traveled to those regions to be concerned about this problem, at least at this point in time."

"Our goal is to make sure that any possible cases are quickly reported and investigated to rule out other causes of illness," said Dowdle. "State and local public health departments have disease tracking systems in place to respond to emerging health threats."

A case of SARS is currently defined by the CDC as a respiratory illness that meets the following conditions:

* Fever of 100.4 ° or higher; **AND**

* Cough, shortness of breath, difficulty breathing, or abnormal chest x-ray; **AND**

*Recent travel to Hong Kong; Guangdong Province in the People's Republic of China; Hanoi, Viet Nam; Singapore; or Toronto, Canada within 10 days of the onset of symptoms; **OR**

Close contact with a person with respiratory illness who is suspected of having SARS. Close contact includes having cared for, lived with, or had direct contact with respiratory secretions or body fluids of a person with SARS. (Casual contact is unlikely to be a risk.)

People who began experiencing unexplained respiratory illness on or after Feb. 1, 2003, and who meet the above criteria should seek medical attention and should inform their health care provider about their recent travel or possible exposure to SARS. Physicians should report any suspected case of SARS to their state or local health department.

The UDOH and Utah's 12 local health departments alerted health care providers, including hospitals, to increase their level of awareness of SARS and identify individuals who may be experiencing symptoms of the illness.

To date, 306 suspected or probable cases and 10 deaths have been reported worldwide, so rapid identification, treatment, and the prevention of transmission are especially important. According to the CDC, 13 possible cases are currently under investigation in the United States. Utah's two cases meet the current case definition of suspect SARS and may be added to the CDC's national report over the weekend.

Updates on SARS, recommendations and travel advisories can be found on the Web at the World Health Organization site, www.who.int. The CDC SARS Report of Suspected Cases Under Investigation in the United States can be found at <http://www.cdc.gov/ncidod/sars/>

UDOH Staff receiving calls about this should direct callers to the above websites for general information or to Epidemiology at 538-6191 to report cases.
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